REST AVAILARIE CODV

PATENT APPLICATION FEE DETERMINATION RECO								D	(1) ₁	18		D-JL	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	<u> </u>		OTHI	ER THAI
-	OTAL CLAIN	vis .	1. 6	X			П	RATE	- I cc		OR I		L ENTIT
F	OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F				RATE	
T	OTAL CHARG	SEABLE CLAIMS	TON			Or	1	-	100.	4	DR	BASIC FE	-
IN	DEPENDENT	CLAIMS	12	minus 3 =	•	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	X\$ 9=	┪—	-J ^c	P	X\$18=	1
М	ULTIPLE DEP	PENDENT CLAIM	PRESEN				1	X42=		_ 0	R	X84=	
* [f the differen	ce in column 1	ie loee than	ess than zero, enter "0" in column 2			j	+140=	:	0	R	+280=	
-						column 2		TOTAL	35	200	R	TOTAL	
2	514105	GLAIMS AS (Column 1)	AMENU	ED - PART (Colum		(Column 3)		IAMP	L ENTITY	·	_	OTHE	R THAN
4		CLAIMS REMAINING AFTER		HIGHE NUMB	EST BER	PRESENT	1		ADDI	7	R [SMALL	ADDI
AMENDMENTA	Total	AMENDMENT		PREVIO PAID F		EXTRA	11	RATE	TIONA		L	RATE	TIONA FEE
N I	Independent		Minus	A 1/2	Q	=		X\$ 9=		OI	R	X\$18=	
T	FIRST PRES	SENTATION OF N	711 V	EPENDENT	CLAIM			X42=		OF	۹ [X84=	
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1		_				, _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]		RATE	ADDI- TIONAI
-	Total	<u> </u>	Minus	**	-			X\$ 9=		OR	Ι,	X\$18=	FEE
-	Independent	*	Minus	***		=	-	X42=		1	\vdash	X84=	
1.		ENTATION OF M	OT UPLE DE	PENDENT C	LAIM		+	4.40		OR	-	X04=	
			·				L	+140= TOTAL	ļ	OR	L	280=	
		(Column 1)		'(C-1	0)	.	ΑĐ	DIT. FEE		OR	ADI	TOTAL DIT. FEE	
I		CLAIMS REMAINING	نحما	(Column	T	(Column 3)	_						
		AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		F	RATE	ADDI- TIONAL FEE
⊢	otal ndependent		Minus	**		=	5	(\$ 9=		OR	×	\$18=	<u> </u>
		* NTATION OF MU	Minus	***		=		K42=			┝	(84=	
_		THE CALL OF THE	TETIFLE DEF	PENDENT CL	_AIM		\vdash	140=		OR	\vdash		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+2	280=	
If th	e "Highest Nun	Tiber Previously Pat	id For IN THIS	S SPACE is les	ss than 2	20, enter *20.*	ADD	TOTAL DIT. FEE		OR ,	ADD:	TOTAL IT. FEE	· .
	•	ber Previously Paid	TO (TOTAL OF	independent)	rs me pi	ghest number fo	ound i	n the appr	opriate box	in col	umn	1,	

Application or Docket Number